

FORM 914-A

Rev. 1/01

**ARKANSAS STATE PLANT BOARD
VERIFIABLE TRAINING RECORD AND APPLICATION FOR
CERTIFIED TECHNICIAN'S CERTIFICATE
(Please Print or Type)**

Company Name: _____

Location _____ **Date Employed** _____

Agents Last Name

First Name

Middle Name

Date(s) of Training	Topic	Classroom Hours	O. J. T. Hours	Trainer

Licensed Operator's Signature

Date

Agent's Signature

Date

Verifiable Training Requirements

Classroom

- 1. Label, MSDS, State and Federal Laws 4 hours**
- 2. Pest Identification 2 hours**
- 3. Safety (Including personal protective equipment) 3 hours**
- 4. Safe and proper use of equipment and treating techniques 7 hours**

Total--- 16 hours

On the Job

- 1. Pest Identification 2.5 hours**
- 2. Labels and mixing of pesticides 5 hours**
- 3. Personal protective equipment 2.5 hours**
- 4. Job site preparation and pesticide application 30 hours**

Total--- 40 hours